Saskatchewan Ministry of Health

Drug Plan and Extended Benefits Branch

October 2008
Bulletin #116
ISSN 0708-3246

SASKATCHEWAN FORMULARY COMMITTEE BULLETIN UPDATE TO THE 58th EDITION OF THE SASKATCHEWAN FORMULARY

The following listings are effective **October 1, 2008**, unless otherwise indicated.

NEW FULL FORMULARY LISTINGS:

- Blood glucose test strip, (NovaMax-NBC)
- Blood glucose test strip, (On-Call Plus-MGM)
- Metronidazole, topical gel, 1% (Metrogel - GAC)
- Valsartan/Hydrochlorothiazide, tablet, 320mg/12.5mg, 320mg/25mg (Diovan-HCT-NVR)

NEW EXCEPTION DRUG STATUS LISTINGS:

- Efavirenz/emtricitabine/tenofovir disoproxil fumarate, tablet, 600mg/200mg/300mg (Atripla-BMY)

For the treatment of HIV patients who have met the EDS criteria for coverage of emtricitabine/tenofovir disoproxil fumarate, tablet, 200mg/300mg (Truvada-GSI) and require treatment with the additional agent. The EDS criteria will be as follows:

For management of HIV disease in patients who have experienced intolerance or adverse effects with other less expensive nucleoside combinations, including lamivudine, plus one of: zidovudine, abacavir, stavudine or didanosine, *and* require treatment with an additional agent.
This drug as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist. The Committee supports the CEDAC recommendation.

- Raltegravir, tablet 400mg (Isentress-MSD)

For the treatment of HIV-1 infection in treatment-experienced patients who have evidence of viral replication and HIV-1 strains resistant to three classes of HIV agents. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*
The Committee supports the CEDAC recommendation.

- Tacrolimus, extended release capsule, 0.5mg, 1mg, 5mg (Advagraf-APC)

For coverage according to the current criteria for tacrolimus capsule (Prograf).

The following additional strengths of currently listed products:

- Clozapine, tablet, 50mg, 200mg (Gen-Clozapine-GPM)
- Pantoprazole, enteric coated tablet, 20mg (ratio-Pantoprazole-RPH) (Sandoz Pantoprazole-SDZ)

REVISED EXCEPTION DRUG STATUS CRITERIA:

- Efalizumab, powder for solution, 150mg/vial (Raptiva-SRO)

For the treatment of adult patients with severe debilitating plaque psoriasis who meet all of the following criteria:
i) failure to respond, contraindication to, or intolerant of methotrexate, and cyclosporine AND
ii) failure to respond to, intolerant to or unable to access photo therapy AND
iii) entry is encouraged into a registry, known as Restore, maintained by the manufacturer. This Restore registry is designed to collect effectiveness and harm outcome information. This process will be managed between the patient's specialist and the manufacturer of the drug.
Coverage will be approved initially for the induction phase (12-14 weeks). Coverage can be renewed in patients who have responded to therapy. These drugs should be used in consultation with a specialist in this area.

- Etanercept, powder for injection (vial), 25mg/vial; pre-filled syringe, 50mg/ml (Enbrel-AMG)

AND

- Infliximab, injection, 100mg/vial (Remicade-SCH)

For the treatment of adult patients with severe debilitating plaque psoriasis who meet all of the following criteria:
i) failure to respond, contraindication to, or intolerant of methotrexate, and cyclosporine AND
ii) failure to respond to, intolerant to or unable to access photo therapy.
Coverage will be approved initially for the induction phase (12-14 weeks). Coverage can be renewed in patients who have responded to therapy. These drugs should be used in consultation with a specialist in this area.

- Formoterol fumarate dihydrate/budesonide, powder for inhalation (package), 6ug/100ug, 6ug/200ug (Symbicort Turbuhaler-AST)

EDS criteria (b) revised to:
For treatment of COPD patients where there has been concurrent or past use of tiotropium or a LABA (salmeterol or formoterol).

- Salmeterol xinafoate/fluticasone propionate, metered dose inhaler (package), 25ug/125ug, 25ug/250ug (Advair-GSK); powder for inhalation (package), 50ug/100ug,

50ug/250ug, 50ug/500ug (Advair Diskus-GSK)
EDS criteria (b) revised to:
For treatment of COPD patients where there has been concurrent or past use of tiotropium or a LABA (salmeterol or formoterol).

DRUGS CURRENTLY UNDER REVIEW BY THE SASKATCHEWAN REVIEW COMMITTEES:

Cymbalta, Intellence, Januvia, Lucentis, Zeldox

NEW INTERCHANGEABLE LISTING EFFECTIVE JUNE 1, 2008:

- pms-Valacyclovir, tablet, 500mg (pms-Valacyclovir-PMS)

NEW INTERCHANGEABLE LISTINGS EFFECTIVE JULY 1, 2008:

- Citalopram Hydrobromide, tablet, 20mg, 40mg (Citalopram Odan-ODN)
- Paroxetine HCl, tablet, 10mg, 20mg, 30mg (Sandoz Paroxetine-SDZ)
- Valacyclovir, tablet, 500mg (Apo-Valacyclovir-APX)
- Venlafaxine HCl, XR capsule, 37.5mg, 75mg, 150mg (Gen-Venlafaxine XR-GPM) (Sandoz Venlafaxine XR-SDZ)

NEW INTERCHANGEABLE EDS LISTINGS EFFECTIVE JULY 1, 2008 ACCORDING TO CURRENT EDS CRITERIA:

- Clarithromycin, tablet, 250mg, 500mg (Sandoz Clarithromycin-SDZ)
- Clonidine HCl, tablet, 0.025mg (Novo-Clonidine-NOP)
- Pantoprazole, EC tablet, 40mg (CO Pantoprazole-COB), (Gen-Pantoprazole-GPM) (pms-Pantoprazole-PMS) (ratio-Pantoprazole-RPH) (Sandoz Pantoprazole-SDZ)
- Rabeprazole sodium, EC tablet, 10mg, 20mg (pms-Rabeprazole EC-PMS)

NEW INTERCHANGEABLE EDS LISTING EFFECTIVE JULY 28, 2008 ACCORDING TO CURRENT CRITERIA:

- Fentanyl, transdermal patch, 12ug/hr (ratio-Fentanyl-RPH)

NEW INTERCHANGEABLE FULL FORMULARY LISTINGS EFFECTIVE SEPTEMBER 1, 2008

- Brimonidine tartrate, ophthalmic solution, 0.15% (Apo-Brimonidine P-APX)
- Diclofenac sodium, tablet, 25mg, 50mg (pms-Diclofenac-PMS)
- Ibuprofen, tablet, 400mg, 600mg (pms-Ibuprofen-PMS)
- Pramipexole dihydrochloride, tablet, 0.25mg, 0.5mg, 1mg, 1.5mg (Sandoz Pramipexole-SDZ)
- Ramipril, capsule, 1.25mg, 2.5mg, 5mg, 10mg (Gen-Ramipril-GPM)

NEW INTERCHANGEABLE EDS LISTINGS EFFECTIVE SEPTEMBER 1, 2008 ACCORDING TO CURRENT EDS CRITERIA

- Rabeprazole sodium, EC tablet, 10mg, 20mg (Sandoz Rabeprazole-SDZ)

DRUGS REVIEWED AND NOT RECOMMENDED

- Calcipotriol/Betamethasone Dipropionate, ointment, 50ug/0.5mg/G (Dovobet-LEO)
  Not recommended as the clinical benefit does not justify the incremental cost.

The Committee supports the CEDAC recommendation that the following products not be listed:

- Aliskiren, tablet, 150mg, 300mg (Rasilez-NVR)
- Paliperidone, extended release tablet, 3mg, 6mg, 9mg (Invega-JAN)
- Rivastigmine, transdermal patch, 4.6mg/24hr; 9.5mg/24hr (Exelon 5, Exelon 10-NVR)
- Tramadol hydrochloride, extended release tablet, 100mg, 200mg,
- 300mg (Tridural-PAL) (Ralivia-BVL)
- Zoledronic acid, solution for injection, 5mg/100ml (Aclasta-NVR)
  Not recommended for the treatment of post menopausal osteoporosis as there is concern about serious adverse events. This intravenous product would offer no advantage over currently listed products. As well there have been no direct comparisons with listed products.

FROM THE ADVISORY COMMITTEE ON INSTITUTIONAL PHARMACY PRACTICE (ACIPP)

Effective July 1, 2008 the following products are benefits under the Hospital Benefit Drug List (HBDL):

- Ceftriaxone (Apo-Ceftriaxone-APX)
  Subject to the restricted criteria published in the Hospital Benefit Drug List in the Saskatchewan Formulary. **Note:** the brand name will not appear in the HBDL as only generic names are published in this list.
- Piperacillin/Tazobactam, injection, (Sandoz Piperacillin/Tazobactam-SDZ)
  Subject to the restricted criteria published in the HBDL in the Saskatchewan Formulary. **Note**: the brand name will not appear in the HBDL as only generic names are published in this list.
- Voriconazole, injection (VFEND) according to the same criteria as published in Appendix A of the 58th Edition of the Saskatchewan Formulary.

Saskatchewan Formulary Committee
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Saskatchewan
Health

Drug Plan and
Extended Benefits

Pharmacy Information
Bulletin # 441
Aug. 29, 2008

FORMULARY AND EDS UPDATES

Effective ***July 28, 2008*** the following product was listed as a benefit:

***Fentanyl**				
ratio-Fentanyl	12ug trans. patch	02311925	3.4700	I/C EDS

Effective ***September 1, 2008*** the following products are listed as benefits:

***Brimonidine tartrate**				
Apo-Brimonidine P	0.15% ophth. sol.	02301334	1.8798	I/C
***Diclofenac sodium**				
pms-Diclofenac	25mg tablet	02302616	0.2064	I/C
pms-Diclofenac	50mg tablet	02302624	0.4272	I/C
***Ibuprofen**				
pms-Ibuprofen	400mg tablet	00836133	0.1096	I/C
pms-Ibuprofen	600mg tablet	00839264	0.0505	I/C
***Pramipexole dihydrochloride**				
Sandoz Pramipexole	0.25mg tablet	02315262	0.7519	I/C
Sandoz Pramipexole	0.5mg tablet	02315270	1.5039	I/C
Sandoz Pramipexole	1mg tablet	02315289	1.5039	I/C
Sandoz Pramipexole	1.5mg tablet	02315297	1.5039	I/C
***Rabeprazole sodium**				
Sandoz Rabeprazole	10mg EC tablet	02314177	0.4937	I/C EDS
Sandoz Rabeprazole	20mg EC tablet	02314185	0.9874	I/C EDS
***Ramipril**				
Gen-Ramipril	1.25mg capsule	02301148	0.4937	I/C
Gen-Ramipril	2.5mg capsule	02301156	0.5697	I/C
Gen-Ramipril	5mg capsule	02301164	0.5697	I/C
Gen-Ramipril	10mg capsule	02301172	0.7216	I/C

EXCEPTION DRUG STATUS CRITERIA

Effective ***February 15, 2008*** the following change in EDS criteria:

valganciclovir HCl, tablet, 450mg (Valcyte-HLR)
(b) For treatment and prophylaxis of CMV in transplant patients. Coverage will be approved for a six month period.

Effective ***July 28, 2008*** the following products will be available for coverage under Exception Drug Status (EDS):

***Fentanyl, transdermal patch, 12ug/hr (ratio-Fentanyl-RPH)**
New interchangeable, same criteria as other brand listed in Appendix A, page 229.

Effective ***September 1, 2008*** the following products will be available for coverage under Exception Drug Status (EDS):

***Rabeprazole sodium, tablet, 10mg, 20mg (Sandoz Rabeprazole-SDZ)**
New interchangeable, same criteria as other brands listed in Appendix A, page 244.

PRICE CHANGES - July 1/08

Please amend the following prices in the 58th edition of the Formulary as follows:

Cortenema	100mg/60mL enema	02112736	6.6836
pms-Amoxicillin	250mg capsule	02230243	0.1903
Zyprexa	7.5mg tablet	02229277	5.7416

REACTIVATED DINS - July 1/08

Ascensia Microlet	lancet	00950953	0.0725
Voltaren SR	100mg SR tablet	00890827	1.7088

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October 1, 2008

FORMULARY AND EDS UPDATES

Effective ***October 1, 2008*** the following products will be listed as benefits:

***Alfuzosin**				
Apo-Alfuzosin	10mg XR tablet	02315866	0.8084	I/C
Blood glucose test strip				
NovaMax	strip	97799583	0.7585	Not I/C
On-Call Plus	strip	97799582	0.8572	Not I/C
***Bupropion HCl**				
pms-Bupropion SR	150mg SR tablet	02313421	0.5469	I/C EDS
Clozapine				
Gen-Clozapine	50mg tablet	02305003	1.4309	EDS
Gen-Clozapine	200mg tablet	02305011	5.7388	EDS
***Diltiazem HCl**				
Apo-Diltiazem TZ	120mg XR tablet	02291037	0.5527	I/C
Apo-Diltiazem TZ	180mg XR tablet	02291045	0.7336	I/C
Apo-Diltiazem TZ	240mg XR tablet	02291053	0.9731	I/C
Apo-Diltiazem TZ	300mg XR tablet	02291061	1.2163	I/C
Apo-Diltiazem TZ	360mg XR tablet	02291088	1.4672	I/C
Efavirenz/emtricitabine/tenofovir disoproxil fumarate				
Atripla	600mg/200mg/300mg tablet	02300699	40.2750	EDS
Metronidazole				
Metrogel	1% topical gel	02297809	0.6510	
***Pantoprazole**				
ratio-Pantoprazole	20mg enteric coated tablet	02308681	1.3834	I/C EDS
Sandoz Pantoprazole	20mg enteric coated tablet	02301075	1.3834	I/C EDS
***Prednisolone acetate**				
Diopred (reactivated DIN)	1% oph. susp.	02023768	2.1028	I/C
***Quetiapine**				
Apo-Quetiapine	25mg tablet	02313901	0.3752	I/C
Apo-Quetiapine	100mg tablet	02313928	1.0011	I/C
Apo-Quetiapine	200mg tablet	02313936	2.0102	I/C
Apo-Quetiapine	300mg tablet	02313944	2.9337	I/C

CO Quetiapine	25mg tablet	02316080	0.3752	I/C
CO Quetiapine	100mg tablet	02316099	1.0011	I/C
CO Quetiapine	200mg tablet	02316110	2.0102	I/C
CO Quetiapine	300mg tablet	02316129	2.9337	I/C
Gen-Quetiapine	25mg tablet	02307804	0.3752	I/C
Gen-Quetiapine	100mg tablet	02307812	1.0011	I/C
Gen-Quetiapine	200mg tablet	02307839	2.0102	I/C
Gen-Quetiapine	300mg tablet	02307847	2.9337	I/C
Novo-Quetiapine	25mg tablet	02284235	0.3752	I/C
Novo-Quetiapine	100mg tablet	02284243	1.0011	I/C
Novo-Quetiapine	200mg tablet	02284278	2.0102	I/C
Novo-Quetiapine	300mg tablet	02284286	2.9337	I/C
pms-Quetiapine	25mg tablet	02296551	0.3752	I/C
pms-Quetiapine	100mg tablet	02296578	1.0011	I/C
pms-Quetiapine	200mg tablet	02296594	2.0102	I/C
pms-Quetiapine	300mg tablet	02296608	2.9337	I/C
ratio-Quetiapine	25mg tablet	02311704	0.3752	I/C
ratio-Quetiapine	100mg tablet	02311712	1.0011	I/C
ratio-Quetiapine	200mg tablet	02311747	2.0102	I/C
ratio-Quetiapine	300mg tablet	02311755	2.9337	I/C
Sandoz Quetiapine	25mg tablet	02313995	0.3752	I/C
Sandoz Quetiapine	100mg tablet	02314002	1.0011	I/C
Sandoz Quetiapine	200mg tablet	02314010	2.0102	I/C
Sandoz Quetiapine	300mg tablet	02314029	2.9337	I/C
Raltegravir				
Isentress	400mg tablet	02301881	14.0834	EDS
Tacrolimus				
Advagraf	0.5mg XR capsule	02296462	2.1375	EDS
Advagraf	1mg XR capsule	02296470	2.7342	EDS
Advagraf	5mg XR capsule	02296489	13.6927	EDS
Valsartan/Hydrochlorothiazide				
Diovan-HCT	320mg/12.5mg tablet	02308908	1.2339	
Diovan-HCT	320mg/25mg tablet	02308916	1.2339	

EXCEPTION DRUG STATUS CRITERIA

Effective ***October 1, 2008*** the following products will be available for coverage under Exception Drug Status (EDS):

***Bupropion HCl, tablet, 150mg (pms-Bupropion SR-PMS)**
New interchangeable, same criteria as other brands listed in Appendix A, page 218.

Clozapine, tablet, 50mg, 200mg (Gen-Clozapine-GPM)
New strength, same criteria as other strengths listed in Appendix A, page 222.

Efavirenz/emtricitabine/tenofovir disoproxil fumarate, tablet, 600mg/200mg/300mg (Atripla-BMY)
For the treatment of HIV patients who have met the EDS criteria for coverage of emtricitabine/tenofovir disoproxil fumarate, tablet, 200mg/300mg (Truvada-GSI) and require treatment with the additional agent. The EDS criteria will be as follows:

For management of HIV disease in patients who have experienced intolerance or adverse effects with other less expensive nucleoside combinations, including lamivudine, plus one of: zidovudine, abacavir, stavudine or didanosine, *and* require treatment with an additional agent. *This drug as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

***Pantoprazole, enteric coated tablet, 20mg, 40mg (ratio-Pantoprazole-RPH)**
New interchangeable, same criteria as other brands listed in Appendix A, page 242.

Raltegravir, tablet, 400mg (Isentress-MSD)
For the treatment of HIV-1 infection in treatment-experienced patients who have evidence of viral replication and HIV-1 strains resistant to three classes of HIV agents. *This drug, as with other antivirals in the treatment of HIV, should be used under the direction of an infectious disease specialist.*

Tacrolimus, extended release capsule, 0.5mg, 1mg, 5mg (Advagraf-AST)
New strength, same criteria as other strengths listed in Appendix A, page 249.

ADDITIONAL INSULIN PUMP SUPPLIES - October 1, 2008

Inset 30	infusion set	00951060	19.5000
Inset 30	infusion set	00951061	19.5000

NAME CHANGE - September 18, 2008

Bayer HealthCare has advised a name change as follows:
Breeze 2 blood glucose test strips will replace Ascensia Breeze 2 blood glucose test strips. There is no change in price or packaging.

REMINDER

All Drug Plan & Extended Benefits Branch (DPEBB) bulletins are available on the DPEBB secure website where pharmacies receive pay lists. Be sure to check for updates.